Well Construction Report
WISCONSIN UNIQUE WELL NUMBER MO679

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

Property Owner: EWERT, RICHARD @ TAMMY		Phone #: (715)269-0415	
Mailing Address: N2610 THUNDERCLOUD			
City: BLACK RIVER FALLS	State: WI	Zip Code: 54615	
County: Jackson	Co. Permit #:	Notification #:	Completed: 09-23-1998
Well Constructor (Business Name): KLINE WELL @ PUMP INC	Lic. #: 6010	Facility ID # (Public Wells):	
Address: PO BOX 176 LOYAL WI 54446		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity: 1.2	

1. Well Location

Town of MANCHESTER

Fire # (if avail.):

Street Address or Road Name and Number:

Subdivision Name	Lot #	Block #

Latitude / Longitude in Decimal Degree (DD): °N °W

Method Code:

NE	SE	Section	Township	Range
or Govt Lot #		31	20 N	3 W

2. Well Type New Well

of previous unique well #: constructed in

Reason for replaced or reconstructed well ?:

Construction Type: Drilled

3. Well serves 1 # of

Private,potable

Heat Exchange____# of drillholes

Hicap Well ? No

Hicap Property ? No

Hicap Potable ?

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Dia. (in.)	From (ft.)	To (ft.)
6	Surface	75

Upper Enlarged Drillhole / Lower Open Bedrock

- Rotary - Mud Circulation .....
- Rotary - Air .....
- Rotary - Air & Foam .....
- Drill-Through Casing Hammer
- Reverse Rotary
- Cable-tool Bit ____in. dia...
- Dual Rotary .....
- Temp. Outer Casing ____in. dia
  - Removed? ____depth ft. (If NO explain on back side)

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)
S	SAND	Surface	61
N	SANDSTONE	61	75

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	18 97 LB NEW STEEL ASTM A53B WELDED IBSCO	Surface	61.5
Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level

4 ft. below ground surface

10. Pump Test

Pumping level 25 ft. below surface

Pumping at 25 GP M for 1 Hrs.

Pumping Method ?

11. Well Is

16 in. above grade

Developed ? Yes

Disinfected ? Yes

Capped ? Yes

7. Grout or Other Sealing Material

Method

12. Notified Owner of need to fill & seal ?

Filled & Sealed Well(s) as needed?

13. Constructor / Supervisory Driller	Lic #	Date Signed
DK		10-05-1998
Drill Rig Operator	Lic or Reg #	Date Signed
RG		10-05-1998

4a. Potential Contamination Sources Is the well located in floodplain ? No

Type	Qualifier	Distance
Building Overhang		30

Comment:

Created On: 10-28-1998 Updated On: 10-28-1998 Review Status: